

Town of Lancaster Parks, Recreation & Forestry

525 Pavement Road
(716) 684-3320
e-mail: recreation@lancastermy.gov
www.lancastermy.gov



Lancaster NY 14086
Fax (716) 685-3497
website:

Application for Employment

An Equal Opportunity Employer

Discrimination because of Race, Color, Religion, Sex, National Origin, Age, Disability, or Marital Status is prohibited by Law

Last Name	First Name	Middle Initial
Permanent Address		
Home Phone #: ()	Cell Phone #: ()	E-Mail Address:
Date of Birth:	Age:	Sex:
		Social Security #

Position Applying For: (Please check all that apply and number your preference)

Lifeguard _____ Playgrounds _____ Tennis _____ Maintenance _____ Summer Camps _____

T-Shirt Size (Playground, Lifeguard, Tennis & Maintenance) _____

Swimsuit Size (Lifeguards) _____ Hoodie Size (Lifeguards) _____

Available Start Date: _____ End Date: _____

- **APPLICANT MUST BE A RESIDENT OF THE TOWN OF LANCASTER**
- **APPLICANT MUST BE A HIGH SCHOOL GRADUATE (WITH THE EXECPTION OF LIFEGUARDS)**
- **LIFEGUARD APPLICANTS MUST BE 16 YEARS OF AGE OR OLDER**
- **LIFEGUARD MUST HOLD THE FOLLOWING: A.) Lifeguard Training B) Standard First Aid C.) CPR for the Professional Rescuer Certifications**

ALL PLAYGROUND AND TENNIS POSITIONS MUST BE CERTIFIED IN STANDARD FIRST AID AND CPR. THE TOWN WILL PROVIDE A CLASS FOLLOWING APPOINTMENT TO THE POSITION.

EDUCATION

Name of School	Address	Dates Attended	Did you Graduate?	Course of Study/Degree
High School:				
College:				

VOLUNTEER WORK**EMPLOYMENT RECORD****Record all Previous Employment, Beginning with Present or Most Recent Employment**

Dates Employed From: Mo/Yr To: Mo/Yr	EMPLOYER	POSITION/TITLE
	Name	
	Street	
	City Zip Code	
	Phone #: ()	
	Name	
	Street	
	City Zip Code	
	Phone #: ()	

REFERENCE

Please list 3 references below who are NOT related to you. If you are a student, one of your references should be a teacher or school counselor of your choice. Please note: References may be contacted.

NAME	ADDRESS	STATE	ZIP CODE	PHONE #	RELATIONSHIP

Are you willing to accept employment subject to our established rules and practices as now or hereafter in force?

☐ Yes ☐ No

Do you understand that employment is contingent upon you having required certifications?

☐ Yes ☐ No

Do you understand that employment is contingent on your appointment by the Town Board?

☐ Yes ☐ No

Before signing this application, review carefully the questions asked and the answers you have given. Be sure to read the following statement.

STATEMENT OF ACCURACY:

I understand that, if I am employed, I will be subject to discharge regardless of length of employment, if it is determined by The Town of Lancaster that any of the information I have given in this application is false or incorrect, or if I have failed to give any information herein requested.

Signature: _____

Date: ____/____/____